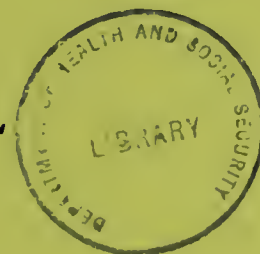


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NORTHAMPTON  
RURAL DISTRICT COUNCIL



ANNUAL REPORT  
OF  
The Medical Officer of Health  
AND  
The Chief Public Health Inspector  
1969

JOAN M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H.



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To the Chairman and Members of the Rural District Council  
of Northampton

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Chief Public Health Inspector.

The report is presented in four sections each dealing with an aspect of environmental control; the first on natural and social conditions; the second on the provisions of health and welfare services; the third on the environmental health services and the fourth on the control of infectious and other diseases. In addition, while increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The vital statistics for the year show that there were 288 deaths, 25 more than last year. This gives a crude rate of 13.0 (standardised rate 10.1) compared with the national figure of 11.9.

The total number of births was 380 (12 illegitimate) compared with 376 last year, and giving a crude rate of 17.1 (standardised rate 18.0). There were 8 infant deaths, 5 under 4 weeks of age. This gives an infant death rate of 21 which is above the national figure of 18.0.

The control of food hygiene in the district is maintained at a high standard. The inspection of meat continues to be a hundred per cent. There has been also adequate control of food supplies. The sampling of untreated milk bottled on farms continues to be carried out by the Weights & Measures department of the County Council and Mr. Evans, the County Inspector, provides a helpful service. His co-operation and prompt notification of any failure is much appreciated. While the district has been fortunate during the year in having no cases of food borne infection, the condition is generally far too prevalent. It is essential that there is constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.





Infectious diseases notification was, apart from measles, low: measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

Thus, the environmental control of the district has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty-two district councils of the County and the County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the





local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.

Political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel, allying them with other local government officers rather than their colleagues, has resulted in a steady decline in recruitment. Local Authorities have in some instances also failed to recognise the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving on the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individuals response to life in an affluent society.

Finally, I emphasise each year, what are the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self-indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.



The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.





Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly, will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

I wish to thank Mr. Merrinan the Chief Public Health Inspector and his staff for their good work throughout the year, and for their help in the compilation of this report.

I also thank the Chairman, Clerk, and Members of the Council for their help and encouragement and accord the County Medical Officer of Health my thanks for his co-operation at all times.

I remain your obedient Servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

The address of the Public Health Department is:-

Council Offices,  
7 Cheyne Walk,  
Northampton.  
NN1 5PT.

Telephone: Northampton 31475.





NORTHAMPTON RURAL DISTRICT COUNCIL

PUBLIC HEALTH AND GENERAL PURPOSES COMMITTEE

Mr. T.G. Finchan, Chairman  
Mr. F.G. Yorke, Vice-Chairman

Mrs. C.E. Spencer, Mrs. J. Wheeler, Commander R.J. Cooper,  
Messrs. C.J. Barrick, R.L. Chapman, F.F. Collins, R.L. Collins,  
C.T. Cripps, J.M. Heygate, B.A. Potter, W.H. Rider, H.A. Robinson,  
A.L. Singlehurst and H.R. Smith.

Mr. K.G. Tonge was a member ex-officio

HOUSING COMMITTEE

Mr. K.G. Tonge, Chairman  
Mr. F.H. Curtis, Vice-Chairman

Mrs. J. Gill, Mrs. J. Green, Mrs. J. Wheeler, Commander R.J. Cooper,  
Dr M.A. Toseland, Messrs. J.R. Adams, C.J. Barrick, R.L. Chapman,  
F.F. Collins, R.L. Collins, C.T. Cripps, J.M. Heygate, F.B. Pickard,  
B.A. Potter, W.H. Rider, H.A. Robinson. D. Sladden, H.R. Smith,  
J.H. Underwood\*and F.G. Yorke.

Messrs. T.G. Finchan and A.L. Singlehurst were members ex-officio

\*Mr. J.H. Underwood died 30th May 1969. Mrs. C.E. Spencer was  
appointed to serve on the Committee in his place.

PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health: Dr. J.M. St. V. Dawkins,  
M.B., B.S., D.P.H., D.C.H.

who also holds the appointment of

Medical Officer of Health to: Brackley Borough, Daventry Borough  
and the Rural Districts of Brackley, Brixworth, Daventry and  
Towcester. Acting Medical Officer of Health Oundle and Thrapston  
Rural District Council, Raunds, Rushden and Oundle Urban Districts  
and Higham Ferrers Borough. Senior Assistant Medical Officer  
Northamptonshire County Council.

Chief Public Health Inspector: M. Merriman, M.A.P.H.I., A.I.H.E.  
Additional Public Health P.J. Flude, M.A.P.H.I.  
Inspectors: A.G. Kirkland, M.A.P.H.I.  
Authorised Meat Inspector: K.P. Piercey.

Office Staff

Chief Clerk: R.S. Haynes

Outside Staff

Rodent Operative: V.F. Gray (to June 1969)  
J.O. Price (from October 1969)



# SUMMARY OF VITAL STATISTICS 1969

Area (acres)	45,934
Population (estimated at mid year 1969)	22,150
Number of inhabited houses (at 31st March, 1970)	
according to rate books	7,379
Rateable Value (31st December, 1969)	£760,607
Product of 1d. rate 1969/1970 (actual)	£3,133 15s.
Northamptonshire Area (1st April, 1969) approximate acreage	575,000

## VITAL STATISTICS

Live Births 380.	Live Birth Rate per 1,000 population	17.1
Still Births 5.	Still Birth Rate per 1,000 live and still births	13.0
Total Live and Still Births - 385		
Infant Deaths. 7 Legitimate. 1 Illegitimate.		
Infant Mortality Rate per 1,000 live births.		21.0
Infant Mortality Rate per 1,000 legitimate live births.		19.0
Infant Mortality Rate per 1,000 illegitimate live births.		83
Neo-Natal Mortality Rate per 1,000 live births.		13
Illegitimate Live Births per cent of total live births.		3.1
Maternal Deaths (including abortion)		-
Maternal Mortality Rate per 1,000 live and still births.		-

### LIVE BIRTHS (rate per 1,000 total population)      Rate for England and Wales

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
Legitimate	188	180	368		
Illegitimate	6	6	12		
	<u>194</u>	<u>186</u>	<u>380</u>	<u>17.1</u>	16.3

### STILL BIRTHS (rate per 1,000 live and still births)      Rate for England and Wales

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
Legitimate	1	4	5		
Illegitimate	-	-	-		
	<u>1</u>	<u>4</u>	<u>5</u>	<u>13.0</u>	13.0

### DEATHS (per 1,000 total population)      Rate for England and Wales

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
All Causes	150	138	288	<u>13.0</u>	11.9

MATERNAL MORTALITY: Nil

DEATHS FROM INFECTIOUS DISEASES: Nil

INFANT MORTALITY: There were 8 deaths, 4 male and 4 female; 3 deaths occurred under 1 week of life. This gave a crude rate of 21.0 as compared with 16.0 the previous year.

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	<u>Rate for England and Wales</u>
Legitimate	4	3	7		
Illegitimate	-	1	1		
	<u>-</u>	<u>-</u>	<u>-</u>		
TOTAL:	<u>4</u>	<u>4</u>	<u>8</u>	<u>21.0</u>	18.0
	<u>=</u>	<u>=</u>	<u>=</u>		





VITAL STATISTICS FOR 1969 AND PREVIOUS YEARS

Year	Estimated Population of Northampton Rural District	Births		Deaths			
		No.	Rate	Under 1 Year		All Ages	
				No.	Rate	No.	Crude Rate
1950	19,320	268	13.87	6	22.39	213	11.03
1951	Census 19,710	303	15.47	9	29.70	234	11.95
1952	19,970	302	15.12	9	29.00	187	9.61
1953	20,240	318	15.7	9	28.3	231	11.3
1954	20,890	329	15.3	6	18.3	274	13.1
1955	21,930	367	16.7	7	21.9	298	13.6
1956	23,290	435	18.6	8	18.3	293	12.4
1957	24,400	488	20.0	11	22.6	332	13.6
1958	25,270	514	20.3	15	29.1	296	11.7
1959	26,180	500	19.1	12	24.0	290	11.1
1960	26,560	476	17.9	12	25.2	314	11.8
1961	Census 27,420	555	20.2	6	10.8	340	12.4
1962	28,250	557	19.0	10	17.0	331	11.5
1963	29,540	556	18.8	9	25.6	352	11.9
1964	30,770	651	22.0	6	23.0	307	10.0
1965	* 19,150	419	18.5	3	7.3	304	13.1
1966	20,050	354	17.7	3	8.5	237	11.7
1967	20,730	356	17.2	10	28.0	219	10.6
1968	21,480	376	17.5	6	16.0	263	12.2
1969	+ 22,160	380	17.1	8	21.0	288	13.0

**NOTE:** Population figures are the Registrar General's Mid-year estimate.

\* Revision of boundaries under the Northampton Order, 1964 whereby Weston Favell, Duston and parts of Hardingstone and Billing parishes were lost to the District as from 1st April, 1965.

+ Revision of boundaries under the Northamptonshire and Northampton (Boundaries) Order, 1969, whereby part of Billing parish was lost to the District as from 1st April, 1969.





# Causes of Death at Different Periods of Life During 1969 in the Rural District of Northampton

Cause of Death	Sex	Total all Ages	Under 4 Weeks	4 weeks and under 1 year	AGE IN YEARS										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
B4 Enteritis and other Diarrhoeal Diseases	M F	1 2	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1		
B5 Tuberculosis of Respiratory System	M F	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
B19(2) Malignant Neoplasm, Oesophagus	M F	1 -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -		
B19(3) Malignant Neoplasm, Stomach	M F	6 2	- -	- -	- -	- -	- -	- -	- -	- -	1 1	3 -	2 -		
B19(4) Malignant Neoplasm, Intestine	M F	3 1	- -	- -	- -	- -	- -	- -	- -	- -	1 1	2 -	2 -		
B19(6) Malignant Neoplasm, Lung, Bronchus	M F	9 -	- -	- -	- -	- -	- -	- -	- -	3 -	- 2	3 -	1 -		
B19(7) Malignant Neoplasm, Breast	M F	- 2	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 -	- -		
B19(8) Malignant Neoplasm, Uterus	F	2	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -		
B19(9) Malignant Neoplasm, Prostrate	M	1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -		
B19(10) Leukaemia	M F	- 2	- -	- -	- -	- -	1 -	- -	- -	- 1	- 3	- 2	- 1		
B19(11) Other Malignant Neoplasms	M F	6 4	- -	- -	- -	- -	- -	- -	- -	1 -	3 1	2 -	3 -		
B21 Diabetes Mellitus	M F	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -		
B46(1) Other Endocrine etc. Diseases	M F	- 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -		
B46(3) Mental Disorders	M F	- 2	- -	- -	- -	- -	- -	- -	1 -	- 1	- -	1 1	1 1		
B46(4) Other Diseases of Nervous	M F	3 2	- -	- -	- -	- -	- -	- -	- 1	- 1	- 1	- -	- -		
B26 Chronic Rheumatic Heart Disease	M F	- 1	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	- -	- 3		
B27 Hypertensive Disease	M F	4 3	- -	- -	- -	- -	- -	- -	- -	- 2	- 3	1 2	2 2		
B28 Ischaemic Heart Disease	M F	29 25	- -	- -	- -	- -	- -	- -	- -	- -	- -	3 3	12 22		









## SECTION A

### NATURAL AND SOCIAL CONDITIONS

The District is largely rural, with some suburban area remaining round the town of Northampton. The main industry is agriculture, and with the exception of a large engineering works in Roade, consists only of a number of smaller factories of various types including some in the leather trade.

There is a large abattoir and storage depot at Hardingstone. A marina with caravan site and pleasure grounds are situated at Billing. There is considerable housing development in the district.

### POPULATION

The Registrar General's figure of the estimated population at mid-year was 22,150 showing an increase on the figure of 1968, although this total had increased by the end of the year with the completion of more private houses. The majority of persons occupying these new houses came from outside the District. The increase in population, i.e. excess of births over deaths was 92.

### BIRTHS

The number was 380 showing an increase of 4 compared with the previous year, and giving a standardised rate of 18.0 (calculated on the Registrar General's comparability factor 1.05) compared with 16.3 for England and Wales, per 1,000 of the total population.

### STILL-BIRTHS

The figure was 5 for the year, compared with 6 for 1968, and gives a rate of 13.0 per 1,000 live and still births.

### ILLEGITIMATE BIRTHS

There were 12, a decrease of 6 on the previous year.

### MATERNAL MORTALITY

No death was recorded.

### INFANT MORTALITY

The number of children under one year who died was 8, compared with 6 for 1968. 3 Deaths occurred in the first week of life. This gives a rate of 21.0 per 1,000 live births and is above the national figure of 18.0.





## DEATHS

The standardised rate is calculated from the Registrar General's comparability figure 0.78 which makes allowance for age and sex distribution of the population in different areas, and is specifically to take into account the presence of any residential institution in the area.

Statistics for the year show that there were 288 deaths compared with 263 for last year. This gives a standardised rate of 10.1 compared with the national figure of 11.9. Male deaths exceed Female deaths by 12. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 142, while 26 died from other heart disease and a further 45 from vascular lesions of the nervous system, and 9 from other circulatory disease.

Diseases of the heart and circulation constitute almost one half the total deaths. Cancer remains again the second cause of death, taking this year 39 persons, a decrease of 14 on last year. Nine died from cancer of the lung, a decrease of four on last year.

However, out of a total of 288 deaths, 79 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer, respiratory infection or accidents.

It is well to reflect each year on these early deaths, and to assess the need for prevention in these groups.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1968, it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.



The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper\* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.  
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)
2. The exerting of the influence of health workers  
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure.)
3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The cause are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary

\*Smoking and Health by Professor C.M. Fletcher & Dr. D. Horn.  
W.H.O. Publication.





factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7383 were killed on the roads as compared with 6810 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:-

Cause of Death	Age-group (years)					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and scalds	123	45	60	135	428	325	466	791
Suffocation and choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,986	7,909
Death Rate*	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

\*Deaths per 100,000 population





The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

#### Comparative Figures for 5 years 1963-1967

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table:-

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and scalds	1,058	886	872	951	791
Suffocation and choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,299	8,646	8,487	8,583	7,909

#### Home Accidents - Cause of Death

##### Falls:

56% of total deaths - in one year (1967) (4,407 cases)  
89% of victims were aged 65 or over  
60% were falls on one level, tripping, slipping, stumbling  
25% were falls from one level to another

Common causes of falls on one level are - slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are - lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight; undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair; wiping up spilt water or grease immediately; being tidy about the house; having safety rails by the bath; wearing



shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.

#### Poisoning:

19% of all fatal home accidents in 1 year (1967)  
43% of poisoning accidents involved household gas  
(642 cases)  
57% involved drugs, chemicals and all other causes of  
poisoning (775 cases).

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness is most often the basic cause.

Other forms of poisoning include overdoses of medicines; leaving medicines within reach of children; failure to use medicine cupboard; not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic Chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing; see that gas geyser flues are clear of obstructions; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning - keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5 ml. spoon for liquid medicines; get rid of surplus medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals - avoid transferring to other containers, especially those previously used for food or drink; label clearly; store out of the reach of children, especially in garage, shed or greenhouse; observe manufacturers' warnings and instructions.





### Burns & Scalds:

10% of all fatal home accidents in 1 year (1967)  
were burns and scalds (791 cases).

Deaths are caused by - falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires; overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids - overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.

Prevention: To prevent burning accidents all coal fires should have fixed guards (to British Standards 2788 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe - metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep panhandles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

### Suffocation and Choking

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention: To prevent suffocation and choking never 'prop-feed' infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.



### Other Risks

In one year (1967) 489 people died from other accidental causes; these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.

### Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

### The Human Factor in Accidents

Every home accident involves a clash between a human being and something in the home environment, in which the human being sustains injury. Accidents are more likely to happen when people are ill, emotionally upset, depressed, or under physical strain.

Bodily conditions which may cause risk are poor sight, failure of the sense of smell, tendency to dizziness, weakened muscles, epilepsy, arthritic heart conditions, the lack of co-ordination of toddlers, slowing down of reaction in old age.





## SECTION B

### GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES

Laboratory Service: The Public Health Laboratory Service operating at the General Hospital, Northampton, was available for the diagnosis and analysis of specimens relative to infectious disease, and also for the bacteriological examination of water samples, and was free of cost to the authority. A helpful and efficient service is provided, and we thank Dr. Hoyle for his constant co-operation.

Ambulance Service: Under the control of the County Council.

Nursing in the Home, Midwives and Health Visitor Service: These are provided directly by the County Council, who have their nurses living in various parishes in the district.

The Home Help Service: Also provided by the County Council, in operation in various parishes in the District. It is a very necessary service and affords considerable benefit to the community, both to domiciliary maternity cases, and in the case of old people who can remain comfortably at home, and whom, without this help, would be in institutions.

Child Welfare Clinics: A list of County Council Child Welfare Clinics held in this area is shown below:

Cogenhoe	2nd Monday of month.
Yardley Hastings	3rd Monday of month.
Harpole	4th Monday of month.
Wootton	1st Tuesday of month.
Hardingstone	4th Tuesday of month.
Hackleton	3rd Thursday of month.
Riade	4th Thursday of month.
Kislingbury	4th Friday of month.

The mobile clinic also visits Milton Malsor on the 2nd Thursday morning of the month.

Transport facilities are provided by the County Council in various parishes of the district to attend clinics at a nearby centre.



## Hospitals

All general, medical, surgical, orthopaedic, paediatric and maternity and gynaecological cases are treated at Northampton General Hospital. Orthopaedic cases are also received at the Manfield Hospital. Infectious diseases are treated at Harborough Road Hospital.

Tuberculosis and other chest diseases are sent to Creton or Rushden Hospitals. Geriatric cases are treated at either Pitsford, Creton or Danetre Hospital.





SECTION C

ENVIRONMENTAL HEALTH SERVICES

SUMMARY OF INSPECTIONS AND VISITS MADE DURING  
1969 BY THE PUBLIC HEALTH INSPECTORS

1.	<u>PUBLIC HEALTH ACT, 1936</u>	-
1A.	<u>Infectious Disease Enquiries</u>	76
1B.	<u>Disinfestations</u>	1
	<u>Drainage</u>	
1C.	Drains reported blocked	2
1D.	Other drainage visits	42
	<u>Water Samples submitted for analysis:-</u>	
1E.	Chemical	-
	<u>Bacteriological:-</u>	
1F.	Mains	12
1G.	Springs	6
1H.	Swimming Pools	25
1J.	Water Supply visits	31
	<u>Visits for Inspection of:-</u>	
1K.	Tents, vans and sheds	-
1L.	Housing defects	13
1M.	Swimming Baths	10
1N.	Keeping Animals	32
1O.	Accumulations of Refuse	12
1P.	Miscellaneous Nuisances	94
	TOTAL	<u>358</u>
2.	<u>HOUSING ACTS, 1957 and 1964</u>	
2A.	Houses inspected	62
2B.	Miscellaneous visits	290
	TOTAL	<u>352</u>
3.	<u>FOOD AND DRUGS ACT, 1955</u>	
3A.	Mobile Shops	40
3B.	Slaughterhouses for Meat Inspection	1,630
3C.	Knackers Yards	1
3D.	Food Premises	212
3E.	Other premises to which section 16 applies & other food visits	44
	<u>Bacteriological samples taken:-</u>	
3F.	Milk	6
3G.	Ice-Cream	17
3H.	Other Foods	-
	TOTAL	<u>1,950</u>
4.	<u>FACTORIES ACT, 1961</u>	
4A.	Factories with Power	TOTAL 7
5.	<u>OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963</u>	TOTAL 11
6.	<u>PREVENTION OF DAMAGE BY PESTS ACT, 1949</u>	TOTAL 50
7.	<u>CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960</u>	TOTAL 100
8.	<u>PETROLEUM (REGULATIONS) ACTS, 1928 and 1936</u>	TOTAL 120
9.	<u>MISCELLANEOUS ACTS, REGULATIONS AND ORDERS</u>	TOTAL 472

GRAND TOTAL: 3,420



## ENVIRONMENTAL HEALTH SERVICES

The foregoing summary of visits made by the Public Health Inspectors indicates the range of work to be covered.

In Section C of this report details are given of work carried out during the year in respect of the following groups of responsibilities. These are here listed in sequence as far as possible in accordance with their importance for the community, the volume of duties involved and the nature of the commitment.

Food Control

Meat Inspection

Housing

Caravans and Camping

Rodent Control

Offices and Factories

Public Health Responsibilities (various)

Petroleum Storage

Street Naming and Numbering





## FOOD CONTROL

### Food Hygiene - Premises and Staffing

The school canteens in the District maintain high standards of food preparation and handling and are supervised in each case by a trained and experienced manageress. Standards of food hygiene generally would be appreciably higher if there were more trained personnel in the various food premises. Courses for training in food hygiene are available in Northampton.

During the year changes in ownership of food shops provided opportunities for improvements in a variety of ways. These were followed up by the Public Health Inspectors to the best advantage. Advice was given in particular on up-to-date surfacing in food rooms and in the use of high quality utensils and equipment as well as in the provision of essential amenities.

With the co-operation of the Parish Councils a list of village halls was made and a survey of conditions at these premises was undertaken.

As occasion offered the Council sent two Public Health Inspectors to London to attend three day Food Inspection Refresher Course. These have proved to be generally helpful.

Advice was given, as appropriate, to owners of premises using spit roasted poultry appliances and heated food cabinets, on the precautions necessary in the interests of food safety.

Thorough enquiries were carried out with a local dairy to ensure that the distribution and sale of yoghurt received care and attention.

The Inspectors spent much time on refrigerator breakdowns. Unsound food was dealt with and advice given to shopkeepers.

The pattern of types of food premises and fashions in their use are changing, however the main essentials of food care and cleanliness are vitally important and continue to affect every member of the public.

### Mobile Food Shops

Mobile Food Shops of various types serve villages in the District with a wide range of products. Work has been carried out under the appropriate Regulations to try to ensure that a high standard of cleanliness and conduct is maintained in the course of these activities, carried out as they are under all types of weather conditions. In particular visits were made to a



Stock Car Racing Circuit to interview occupiers of mobile food shops. Correspondence ensued and contact was subsequently maintained with the occupiers.

Registers are kept of all known mobile food shops, those based in the District and those plying from premises outside the area. Appropriate advice is given and action taken as necessary.

Twelve mobile food shops are based in the District, of these eight are butchers, three are grocers and one is a greengrocer.

Of the mobile food shops which operate from premises outside the District twelve have been noted, inspected and dealt with by correspondence. In this group are two grocers, one greengrocer, one fruiterer, two ice cream salesmen, two butchers, one fishmonger, one hot dog salesman, one chicken and chips salesman and one caterer.

#### Food Complaints

Only three instances of complaints about food were received in the year. Yoghurt was involved in one case; a meal of stew in another instance and a tin of luncheon meat containing a piece of material in a third. All were fully investigated and suitable follow up action was taken.



## Food Premises

The number of premises in which food was prepared and sold consisted of the following:-

Bakehouses	1
Butchers	14
Cafes and Caterers	11
Factory Canteens	3
School Canteens	9
Institutional Canteens	1
Clubs	3
Confectioners	2
Fishmongers	1
Food warehouses	3
Greengrocers	1
Grocers	47
Ice-cream Sales points	40
Licensed premises	41
Number of food premises visited	127
Number of visits made to food premises	144
Number of food premises where contraventions were found	35
Number of informal notices served in respect of contraventions reported	11
Number of premises at which contraventions were reported as remedied	36

## Ice Cream

There were 43 premises registered for the retail storage and sale of ice cream in the District.

Routine sampling of the products is carried out for bacteriological examination.

During the year 13 samples of ice cream were submitted to the Public Health Laboratory for analysis. All the samples were reported to be Grade 1 except one.





In addition 8 samples were taken of water ice (fruit flavoured lolly), these were reported as being of satisfactory standard.

#### Slaughter of Animals Act, 1954

The number of licences in force during the year was 28. One new licence application was approved.

#### Food Poisoning

There were no cases of food poisoning notified during the year.

#### Milk Pasteurisation at Crown Property

The Alfa Laval milk pasteurisation plant installed at St. Crispins Hospital Farm Dairy in 1967 was operating smoothly during the year. A large refrigerated store is used for cold storage of cartons of milk prior to distribution to the hospital community.

Milk sampling routine was continued by the Department at the renewed request of the Department of Health and Social Security following correspondence over the pasteurisation plant. Six samples of milk from the premises were taken during the year and submitted to the Public Health Laboratory for the Phosphatase Test. All were reported as satisfactory.

#### Milk Regulations

Under the Milk (Special Designations) Regulations, 1963 fifteen retailers of pasteurised milk are licenced in the District.

Regular milk sampling of untreated milk is carried out by the Weights and Measures department of the County Council, who have kindly agreed to co-operate with public health departments in the county. Results of any test which is not satisfactory are immediately reported and suitable action is taken. This service has been of great assistance, and our thanks for this helpful service are accorded to the Weights and Measures department. It is particularly useful in relation to Brucella infection.



## MEAT INSPECTION

All the meat passing through the large abattoir at Hardingstone and through the five smaller slaughterhouses was fully examined as appropriate during the year. This important inspection service provided by the Council provides a substantial measure of protection to consumers of this meat, many of whom are resident outside the District. A scale of charges upon a headage basis is made by the Council to recover a large part of the cost of this service.

Care, interest, attention to detail and conscientious working on the part of the Inspectors played a large part in carrying through the main objective of ensuring the production of safe food. Appreciation is also expressed to the managements of the premises concerned for their co-operation.

During the year improvements to the standard of hygiene were made at the large abattoir. The provision of heavy galvanised sheeting to the walls, replacing the glazed tiles (which repeatedly detach) has been further extended. The notable advance has been the provision of proper drainage facilities for the lairages.

Difficulties in differing levels of ground were overcome by the installation of a settlement tank coupled to a second tank fitted with a centrifugal pump activated by a float mechanism, which pumped the liquid effluent back into the main drainage system. This is working very satisfactorily.

Disposable paper hats are now worn by the Public Health Inspectors and are found to be satisfactory.

Various Regulations were administered during the year in respect of slaughterhouses and adjoining cold storage premises in one case amounting to an important transit depot which supplied up to a hundred retail food shops in a wide area. Transport facilities in these connections were also supervised.

In the spring a Veterinary Inspector of the Ministry of Agriculture, Fisheries and Food visited each licensed slaughterhouse with the Public Health Inspectors by arrangements.

Contractors are employed by slaughterhouse managements for the regular and effective removal of the various waste products. This work was also closely supervised and correspondence with a firm concerned in one instance ensured improved conditions. In other instances there was no cause for complaint.





During the year no samples of meat were submitted to the laboratory.

The accompanying statistics show the comparative figures of throughput of animals at the slaughterhouses for the last nine years, meat and offal condemned, food surrendered and commentaries upon some of the diseases of animals encountered at these premises during 1969.

<u>Year</u>	<u>Annual Throughput</u>	<u>Percentage increase or decrease over Previous Year</u>
1961	63,803	30.1 increase
1962	66,308	3.5 increase
1963	61,905	6.6 decrease
1964	68,932	11.4 increase
1965	64,026	7.1 decrease
1966	61,936	3.3 decrease
1967	63,787	2.9 increase
1968	62,631	1.8 decrease
1969	57,229	8.6 decrease

Reasons for Complete Condemnations for Year 1969

13 pigs	-	Pyæmia
2 pigs	-	Arthritis
2 pigs	-	Emaciation
1 pig	-	Erysipelas
1 pig	-	Metritis
1 pig	-	Icterus
2 pigs	-	Fevered
1 pig	-	Oedema
1 pig	-	Gastro enteritis
1 sheep	-	Nephritis
1 sheep	-	Pneumonia
1 calf	-	Pyæmia



CARCASSES INSPECTED AND CONDEMNED	CATTLE EXCLUDING COWS	COWS	CALVES	SHEEP AND LAMBS	PIGS
Number killed	7,728	-	494	21,992	27,015
Number <u>Not</u> inspected	-	-	-	-	-
<u>All diseases except Tuberculosis and Cysticerci</u>					
Whole carcasses condemned	-	-	1	2	24
Carcasses of which some part or organ was condemned	3,537	-	2	1,422	5,845
<u>Tuberculosis only</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	183
<u>Cysticerci</u>					
Carcasses of which some part or organ was condemned	27	-	-	-	-
Carcasses submitted to refrigeration	7	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

UN SOUND FOOD SURRENDERED OR CONDEMNED

Meat		Tons.	Cwts.	lbs.	Tons.	Cwts.	lbs.
(a) slaughterhouses	(i) carcass meat	3	14	27	40	9	19
	(ii) offal	36	14	104			
(b) wholesale premises	(i) carcass meat		4	83	-	4	93
	(ii) offal	-	-	10			
(c) retail shops	(i) carcass meat	-	-	-	-	-	-
	(ii) offal	-	-	-			
Canned Meats					-	-	63
Fruit and vegetables (fresh)					-	1	8
Other foods					-	3	74
Total					40	19	33



## HOUSING

Good housing is one of the primary requisities for healthy living. Human misery is caused by bad housing. The problems of unhealthy housing are well known but in order that proper assistance can be given to those in need an adequate supply of replacement dwellings must be forthcoming.

During the year a survey was carried out of older properties to ascertain their condition and the owners were approached in order that suitable follow up action could be taken.

In this manner a considerable amount of housing work was carried out both in enquiries, survey work and in detailed house inspection and considerable progress was made.

The encouragement of the improvement of older properties continued and publicity material on the two improvement grant schemes was distributed and owners of older houses were recommended to consider one of the schemes. Correspondence followed up these occasions. Personal interviewing of house owners in their houses to explain the position to them fully was undertaken.

No applications for certificates of disrepair under the Rent Act, 1957 were received during the year.

There were a number of instances encountered in which the environment of substandard and slum housing conditions contributed towards ill health and sad circumstances as referred to in my first paragraph. Effective liaison as far as this was possible was carried out to assist problem families and those with special needs.

In view of considerable opportunities for employment in the County town, in particular, the character of at least some of the housing amenities of about half the parishes in the District tend to be suburban in character. There are a large number of owner-occupied dwellings in the District. Consequently there has been taking place over the years to an increasing extent the improvement of dwellings by informal means because of the foregoing circumstances. This is in addition to facilities made available by the Council for improvement grants.





HOUSING ACT, 1957

A summary of action taken during the year is as follows:-

Number of houses made fit	15 (39)
Number of houses demolished	11 (16)
Number of houses closed	2 (-)
Number of houses on which proposals for reconstruction were accepted	- (-)
Number of houses on which other proposals were accepted	6 (-)
Number of houses on which closing orders were made	5 (1)
Number of houses on which action was commenced	7 (-)
Number of houses purchased by the Council for rehabilitation	- (-)
Number of houses on which demolition orders were made	2 (-)

1968 figures in brackets



## CARAVANS AND CAMPING

### Caravan and Camping Control

There is a considerable variation in size and character of these sites varying from single caravans to a larger pleasure park site having almost six hundred licensed plots for the purpose

The Public Health Inspectors visit the sites as necessary to ensure compliance with the requirements of the Act and the Council's Regulations for Camping Sites. Good co-operation on the whole is forthcoming but it is necessary to carry out a close supervision in order to ensure a high standard of conduct particularly during the busy holiday season.

Six new sites were approved during the year. The conduct of the public in respect of caravans is gradually altering in various respects. The degree of use and numbers of people involved vary considerably.

During the year a caravan site for one van was established without planning permission or Public Health licence and this persisted for a number of months despite requests and cautions. The matter was reported to Committee and in due course the Chief Public Health Inspector was authorised on behalf of the Council to apply for a summons against the offender.

A conviction was secured in the court and a modest fine with the effect that the caravan was shortly removed from the site and the matter settled.

Occupiers of caravan sites were from time to time given advice regarding effective fire precautions which are required under the Council's Regulations for Camping Sites.

### A. Caravan Sites and Control of Development Act, 1960

	<u>PRIVATELY OWNED SITES</u>	
	<u>Residential</u>	<u>Holiday</u>
1. Number of site licences operating as at 31st December 1969 (a) Individual	13	-
(b) Multiple (more than 3)	1	9
2. Total number of caravans	27	879
3. Number of prosecutions Section 1 (i.e. unauthorised sites)	1	-
4. Number of contraventions Section 9 (i.e. breaches of licence conditions)	-	-





## B. Tented Camping Sites

### Private Sites

- |  |     |
|--|-----|
| 1. Number of site licences as at 31st December 1969. | 3   |
| 2. Number of tent pitches                            | 200 |

### Gypsies and Fellow Travellers

Problems concerning these itinerants continue in different parts of the District, particularly as it is in the line of a much used traditional route. The location and setting up of one or more special sites in the County has been under consideration but as yet no action has been taken. The provision of sites in this connection is much needed and would help to solve the problems of complaints concerning accumulations of litter.



## RODENT CONTROL

In addition to the surveying of a variety of kinds of premises and to the preparation and laying of poisons of the appropriate type as occasion demands, good relations have to be preserved with members of the public upon whose premises much of the work is carried out. For many years the Council has maintained good relations with all members of the public in this service and has received good co-operation from individuals in reporting infestations. This is so necessary in reducing the numbers of rats and mice as far as possible.

Over three hundred farms and small holdings are surveyed as often as practicable without a charge being made. Treatment on a rechargeable basis is undertaken following receipt of a written request. Many farmers prefer to arrange for rodent control measures themselves. Severe financial losses in both damage and contamination of food supplies can be sustained when rodent infestations continue unchecked.

Surveys and treatments of village sewerage systems were carried out during the year. The loan of the manhole cover lifter from Rushden Urban District Council is acknowledged with thanks. The Council's refuse tips and sewage purification plants were visited at intervals and treatments carried out as was necessary.

Publicity leaflets on rat and mouse control and circular letters were distributed to house holders and to the occupiers of business premises as occasion offered.

Poisons and bases in use for Rodent Control during the year were as follows:-

### POISONS

Water Warfarin  
Warfarin No.1  
" No.5  
Zinc Phosphide  
Coumatetralyl

### BASES

Medium Oatmeal  
Sausage Rusk

During the year a campaign for rat control was initiated by the Ministry of Agriculture, Fisheries and Food, Pests Division concurrently in the three counties of Northamptonshire, Leicestershire and Rutland. Following a meeting held at Kettering in April a Rat Steering Committee was set-up, on which your medical officer served as a member, consisting of representatives of the Ministry of Agriculture, the Local Authorities and the National Farmers Union. Later members



of many other authorities including rivers, waterways, waterboards, rail, electricity, county landowners association and the forestry commission were invited to co-operate. The date of November 24th was selected for wholesale baiting to begin. In the interim local meetings and demonstrations were then held in all the Local Authority areas throughout the year, and a wide publicity campaign was mounted. This included press reports, advertisements, posters, demonstrations and reports and discussions on radio and television. These local meetings were at selected premises where talks were given, practical measures to control and destroy rats and mice were shown at farm premises together with a film demonstrating the damage to health, property and foodstuffs caused by rat and mice infestations. There was some co-operation from the farmers but the numbers attending were not high. The councils own operative visited the farms in the district before the campaign in order to stimulate interest.

The scheme came into operation as arranged on November 24th and considerable success was achieved, but the need for efforts to be maintained continuously cannot be over-emphasised; to keep continually on the alert for any sign of the presence of rats and to institute immediate action before they get established and start breeding. The establishment of permanent baiting points is essential. In the District new methods and schemes were tried with good effect and permanent baiting points were put into regular use at various locations including approaches to farm buildings and refuse tips.

Farmers and members of the public within the District, generally co-operated well from the launching of the Campaign. Good results were reported over a wide area.

Early in the autumn a coloured film on Rat Control was shown to members of the Council.

During December Mr. J.O. Price, the Rodent Operator, attended a short training course in Lincoln, which proved to be worthwhile.





## Annual Report on Rats and Mice

PROPERTIES OTHER THAN SEWERS	<u>Type of Property</u>	
	<u>Non Agricultural</u>	<u>Agricultural</u>
1. Number of properties in district	8648	310
2. (a) Total number of properties (including nearby premises) inspected following notification	348	1
(b) Number infested by: (i) Rats	158	1
(ii) Mice	24	1
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	18	42
(b) Number infested by: (i) Rats	18	6
(ii) Mice	-	-

### SEWERS

4. Surveys and treatments of sewers were carried out during the year.

### Disinfestation: Wasps

In the event of requests for wasp nest destruction being received this difficult disinfestation service is undertaken upon payment of £1 in advance in each instance. Treatment varies according to the location of the nest. This service is very much appreciated. Inside infestations were dealt with by the use of Pubythrin in aerosol canisters. For certain outside infestations Cynag powder was used.



## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

An increasing awareness of the Act and its implications is apparent and standards of amenities provided and conduct there are gradually improving.

Visits for the purposes of the Act were also made during the course of inspections of food premises. Accidents were reported during the year, but were few and of a minor nature.

No complaints were received in connection with offices during the year.

Administrative work and original visits to newly registered premises proceed as occasion demands. Follow up action is taken as the need arises.

### Offices, Shops and Railway Premises Act, 1963 - Year: 1969

Class of Premises	Registrations & General Inspections			Employment
	Number of premises registered during 1969	Number of registered premises at the end of 1969	Registered premises receiving a general inspection during 1969	Persons employed during 1969
Offices	1	21	11	195
Retail Shops	-	32	32	102
Wholesale Shops, Warehouses	-	3	2	73
Catering Establishments open to the public, canteens	-	9	9	166
Fuel Storage Depots	-	3	-	11
Totals	1	68	54	564

Total Males 296  
Total Females 268

Total number of visits of all kinds by Inspectors to Registered premises under the Act.

- 96





## FACTORIES ACT, 1957

No complaints were received during the year in respect of factories in the District. Four outworkers, residing in the District were notified during the year.

Visits were made to the various types of factories in the District mainly in connection with visits for other reasons. In this way a general supervision was maintained although in numerous instances specific work was carried out for the purposes of the Act.

Premises (1)	Number on Register (2)	Inspections (3)	Number of	
			Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which sections 1,2,3,4 and 6 are to be enforced by Local Authorities	10	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	50	7	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	10	-	-	-
Total	70	7	-	-



## WATER SUPPLIES

During the year twelve samples of water were taken from main water supplies in various parishes, all proved to be satisfactory.

Visits by the Public Health Inspectors carrying out water sampling at outlying properties resulted in one large house being connected to the main water supply and another premises being fitted with chlorination equipment for purification. Eight samples were taken from various properties which were not on the Main Board supply. Advice was given in various instances to ensure satisfactory conditions.

During the year no sample was taken for chemical analysis.

## SWIMMING POOLS

### Roade Secondary School Pool

The amenities of this excellent indoor heated swimming pool are enjoyed by Roade Schools and other neighbouring schools in addition.

Colour comparator test readings were taken regularly by the Public Health Inspectors during the year. During school terms eight samples of water were taken for bacteriological examination and all proved to be satisfactory.

### A large privately owned pool

Prior to opening for the season this open air pool was emptied and thoroughly cleaned before refilling. The co-operation of the management of this swimming pool is here acknowledged as during better periods of summer weather very large numbers of visitors enjoy the bathing facilities.

During the season seventeen samples of water were taken for bacteriological analysis and all but two were reported as satisfactory.

Regular visits were made throughout the season to check the chlorination and soda line dosing arrangements there.



## ANIMAL BOARDING ESTABLISHMENTS ACT

During the year seven premises were licensed and in use as animal boarding establishments for dogs and cats. There was a variation in the amount the premises were used, mostly corresponding with seasonal holidays. Some premises are very large others are on quite a small scale.

Routine visits were made by the Public Health Inspectors to the premises as occasion demanded. On the whole they were well kept.

The establishments were also visited for rodent control purposes.

A Code of Practice was circulated to all concerned as a guide for the conduct of such premises. This proved to be of considerable help to the proprietors in the day to day running of their establishments.

A good standard of conditions is expected at kennels and catteries and the co-operation of proprietors has on the whole been good.





### KNACKER'S YARD

There is one licensed knacker's yard in the District: inspections were carried out during the year under the Food and Drugs Act, 1955, and conditions were found to be generally satisfactory. Two shops outside the District are regularly supplied from this source.

#### Schedule of Animals received in January 1969

Cattle	101
Calves	273
Sheep	799
Horses	4
Pigs	55

Statistics are given here of the month of January's work at this Knacker's Yard. This yard closed and the business was transferred to a farm in an adjoining District after this time. The property was also visited for rodent control purposes.

#### Factory Farming

As far as known these methods of farming are still on a comparatively small scale in the District. A close watch was kept upon the position with a view to providing effective solutions to problems at the early stages.



## NOISE CONTROL

Public Health aspects in respect of proposed sites for the Third London Airport were studied and appropriate enquiries made in view of the possible involvement of the District in these schemes.

## Health Education

The Council recently became an institutional member of the Central Council for Health Education. During the year correspondence was carried on with the Council to obtain advice, publicity and guidance as necessary, and talks given to groups of people in the District.

## International Vaccination Certificates

As occasion demanded these medical travelling documents were authenticated on behalf of the Council upon application to the office.

## Scrap Metal Dealers Act, 1964

A register of scrap metal dealers is kept by this Department. Periodically a copy of the Register is supplied to the Chief Constable, Northampton and County Constabulary. During the year the premises of five scrap metal dealers were registered.

## Fire Precautions, Taller institutional buildings

Work was carried out in respect of Section 60 of the Public Health Act, 1936, at two private boarding schools in the District and advice given as appropriate. This followed the visit of the Fire Prevention Officer to the premises. His recommendations in respect of fire precautions and means of escape in case of fire were forwarded to the Council by the Chief Fire Officer, Northamptonshire, whose co-operation is here acknowledged.





## PETROLEUM STORAGE

The Petroleum Officer acknowledges the co-operation of petroleum installation and fitting firms in this work during the year. Liaison is maintained in order to ensure, as far as possible, that safe conditions exist. .

Every effort is made to see that Petroleum Storage Licensees care for their installations and premises in accordance with licensing conditions. Guidance by correspondence and on site is given, particularly in respect of safety precautions.

Much time and trouble was taken to follow up as far as possible very old tanks still in use and licensed and disused tanks (no longer licensed) to ensure that they were in the first case still safe for use or in the second case otherwise safely disposed of or destroyed.

The ready co-operation and advice of the Chief Fire Officer, Northamptonshire, is acknowledged both in respect of fire appliances and in the checking of plans for new and altered petroleum installations.

Regarding the increasing volume of pleasure powered boating traffic on the canal and the River Nene, appropriate up to date information and advice was obtained and as far as possible passed on to boat users.

The Association of Petroleum Act Administration issues a journal of up to date information on the increasingly complex technicalities of the parts of the Petroleum Industry relevant to the Petroleum Officer and his responsibilities. Meetings and courses are arranged periodically and advice given upon request. Up to date information on technical development and administrative procedures is indispensable to the Petroleum Officer. The Association has been most helpful in giving guidance with specific enquiries.

During the year an industrial premises was found to be storing petroleum spirit without a licence under the Petroleum (Consolidation) Acts, 1928-1936. Samples of the products were taken under the appropriate procedure and sent away for analysis which proved that they were in fact Petroleum Spirit. Despite cautions and requests the premises continued to store Petroleum Spirit without a licence.

The matter was reported to the Council's Public Health and General Purposes Committee and in the circumstances the Chief Public Health Inspector, as the Council's Petroleum Officer, was authorised on its behalf to apply for a summons against the offenders.



In due course a successful prosecution followed and the Council secured a conviction, a modest fine was paid by the offender. Steps followed to try to clear up the matter quickly.

The dangers to the lives of staff employed at the industrial premises were the main concern of the Petroleum Officer.

Particular care was taken prior to the recommendation of licensing of new petroleum storage installations by the Council. One new installation was licensed and storage capacity was increased at a different premises during the year.

The number of premises in the District relicensed for petroleum storage was 68.

The storage capacity of licensed premises at the end of the year was:

1.	Petroleum Spirit	131,605 gallons
2.	Petroleum Mixtures	3,355 gallons



## Street Naming and Numbering

The naming of new streets is carried out to accommodate as far as possible the wishes of the people in the parish concerned. Individuality in the choice of a name is welcomed and local links are often maintained in this way. The advice of the Head Postmaster is appreciated in this work. The official naming is carried out in each case by the Council.

A register of street names in use in the District by Parishes has been compiled and additional copies distributed to other Departments. It can be consulted upon application at the office.

Street numbering of new properties on developing estates in particular is a service carried out as soon as practicable. Occasionally parts of streets have to be renumbered. This occurred in one instance during the year without any complaints being received.

The provision of name plates in certain cases is carried out by the Council. The co-operation of the Surveyor in arranging for the fixing of new name plates is acknowledged.





## SECTION D

### PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

#### Health Services and Public Health Act, 1968 Public Health (Infectious Diseases) Regulations Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Opthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(anoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.



155 cases were notified, showing an increase on last year's figure of 149 cases. This was due to the increase in measles notifications, which continues its biennial incidence.

This year's figures have been satisfactorily low for other types of infectious disease.

### MEASLES

Numbers notified increased from 117 last year to 135. This disease though highly infectious is now, like scarlet fever, of a benign character, seldom showing serious complication. However, in the more delicate and occasionally in normal children, the unpleasant complication of eye, ear or lung infection still occur. These, however, are usually soon and successfully dealt with by the large number of effective antibiotics that are now available. An effective vaccine is now available, and it is hoped that the incidence of this unpleasant illness will now decline.

### SCARLET FEVER

The illness was, without exception, very mild and no serious complications resulted. There were 3 cases notified. Its principle interest is that it gives a rough indication of the amount of streptococcal infection in the community.

### POLIOMYELITIS

No cases occurred. This gratifying situation continues and now, with large numbers immunised, it is to be hoped that there will be a steady decline in occurrence and severity of this infection. It has been found that with immunisation of a high percentage of the population there is a decline of circulating virus in the community, and though themselves not immunised this helps to protect other members of the community from infection. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

### DYSENTERY

Six cases occurred. These were all Sonne dysentery, and each were single cases with no spread of infection.





## FOOD POISONING

No cases were notified. Food poisoning is usually caused by one of the Salmonella organisms the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining entry into food from an infected spot or boil on the hands, arms or face of a food handler may also cause a severe form of food poisoning. Some chemical contaminants can be an occasional cause.

More rarely, Typhoid fever and botulism may occur. However, the commonest form of food poisoning is the Salmonella gaining entry into food by faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today probably one of the commonest.

## INFLUENZA

Three deaths were recorded. The number of cases during the year was not known.

## BRONCHITIS

Ten deaths were recorded.

## PNEUMONIA

Thirty-eight deaths were recorded. There were no notifications.

Respiratory infection continues to be a cause of much ill health and chronic suffering. A very marked decline in deaths from pneumonia has taken place since the discovery of the sulphonamides and antibiotics, but in chronic sufferers from bronchitis and in the aged and debilitated some cases do still prove fatal.

The incidence of chronic nasal catarrh often with the later development of sinusitis is still an all too common occurrence. Many school children still suffer from nasal catarrh. The cause is obscure and the need for research into this problem continues to be stressed.

## INFECTIVE JAUNDICE

There were nine cases recorded. Under the Health Services and Public Health Act, 1968 this disease became nationally notifiable in June, 1968.



Acute Infective Hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal oral spread, with an incubation period of 15-25 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days. It affects adults mainly and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses, and drug addicts, and in the various tattooing processes.

The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult may be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital provided adequate hand-washing techniques are practised with current disinfection of excreta. Serum hepatitis can be virtually abolished if disposable equipment were generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

### TUBERCULOSIS

Vaccination is offered against tuberculosis by the County Council to all children at 13 years of age. This is carried out in the schools and there is a high acceptance rate.

There was one new case notified during the year - a female.

### DIPHTHERIA

There has been no case of diphtheria in Northamptonshire since 1956. There is, therefore, with every successive year of freedom from infection a diminishing public recollection of the dangers of this disease. Mothers without knowledge of this illness feel a false security and may fail to have their children immunised. That this is a dangerous situation cannot be too strongly stressed, and only by keeping up the number of children immunised may this dread disease be kept at bay. It is the duty of all parents to have their children immunised and if they fail to do so they neglect their children's welfare.

### SMALLPOX

No case occurred. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.



Monthly Incidence of Notifiable Diseases, 1969

as Notified by General Practitioners

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Scarlet Fever	1	-	-	-	-	-	1	-	-	1	-	-	3
Whooping Cough	-	-	-	1	-	-	-	-	-	-	-	-	1
Measles	16	7	17	20	43	21	3	2	3	1	1	1	135
Dysentery	-	4	-	1	1	-	-	-	-	-	-	-	6
Tuberculosis	-	-	-	-	-	-	-	-	-	-	-	1	1
Infective Jaundice	-	1	1	-	1	-	-	-	2	1	2	1	9
TOTALS	17	12	18	22	45	21	4	2	5	3	3	3	155





Incidence of Notifiable Diseases in Individual Parishes -- Year 1969

	Scarlet Fever	Whooping Cough	Acute Poliomyelitis Paral.	Non Para.	Measles	Diphtheria	Dysentery	Meningococcal Infection	Acute Pneum.	Smallpox	Erysipilas	Food Poisoning	Tuberculosis	Resp.	Meninges	Other	Anthrax	Infective Jaundice
ASHTON	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BILLING	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-
BRAFIELD	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
BUGBROOKE	1	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	1
CASTLE ASHBY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
COGENHOE	-	-	-	-	18	-	-	-	-	-	-	-	-	-	-	-	-	1
COLLINGTON	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
COURTEENHALL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DENTON	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HACKLETON	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	1
HARDINGSTONE	-	-	-	-	3	-	2	-	-	-	-	-	-	1	-	-	-	1
HARPOLE	-	-	-	-	37	-	-	-	-	-	-	-	-	-	-	-	-	-
HARTWELL	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-
HEYFORD, NETHER	-	1	-	-	10	-	4	-	-	-	-	-	-	-	-	-	-	-
HEYFORD, UPPER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HOUGHTON, GREAT	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-
HOUGHTON, LITTLE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KISLINGBURY	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
MILTON MALSOR	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
QUINTON	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ROADS	1	-	-	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-
ROTHAMSTHORPE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UPTON	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WOOTTON	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	4
YARDLEY HASTINGS	-	-	-	-	32	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS: 155	3	1	-	-	135	-	6	-	-	-	-	-	-	1	-	-	-	9



Age Incidence of Notifiable Diseases 1969

Age Group	Scarlet Fever		Whooping Cough		Measles		Dysentery	
	M	F	M	F	M	F	M	F
Under 1 year					7	5		1
1 "			1		10	7		1
2 "					11	10		
3 "					16	13		
4 "		1			7	10		
5-9 "		1			13	22		
10-14 "							1	
15-24 "							1	2
25 and over						1		
Age unknown	1				2	1		
TOTALS	1	2	1		66	69	2	4

			Tuberculosis Respiratory		Infective Jaundice	
			M	F	M	F
Under 5 years					1	
5-14 "					2	
15-24 "					3	1
25-44 "					1	
45-64 "				1	1	
65 and over						
Age unknown						
TOTALS				1	8	1







